

# SOLDIER'S CLAIM FORM

Reference: CAL ARNG Pam 40-2

GRADE/NAME:

UNIT:

**INSTRUCTIONS:** All incapacitated soldiers are required to prepare this form monthly. It must be included with each incapacitation payroll submitted for payment. Complete the section that pertains to your case: Section 1: Employed, Section 2: Unemployed, Section 3: Self-Employed, Section 4: All

## SECTION 1: EMPLOYED SOLDIER

1. I hereby certify that I incurred/aggravated the following injury/disease \_\_\_\_\_ in the line of duty while participating in military training or traveling directly to/from military training on \_\_\_\_\_ (date).
2. I further certify that as a result of the above described injury/disease, I suffered a loss of \$ \_\_\_\_\_ (civilian income) during the period \_\_\_\_\_ thru \_\_\_\_\_.
3. I am receiving income from: \_\_\_\_\_ sick leave, \_\_\_\_\_ vacation pay, \_\_\_\_\_ VA benefits, \_\_\_\_\_ SDI, \_\_\_\_\_ Income Protection Plan, \_\_\_\_\_ other. If "other", please list source(s) of income: \_\_\_\_\_.
4. During the period above (para 2), I certify that I received a TOTAL OF \$ \_\_\_\_\_ from all sources indicated in para 3. (Enter total amount received during this period from ALL sources).
5. My claim is substantiated by the enclosed letter(s), check stubs, and CA ARNG Fm 37-2E from my employer(s).
6. I am requesting incapacitation pay for the period \_\_\_\_\_ thru \_\_\_\_\_  
(PERIOD MAY BE ONLY ONE CALENDAR MONTH OR LESS FOR EACH STATEMENT)

## SECTION 2: UNEMPLOYED SOLDIER

1. I hereby certify that I incurred/aggravated the following injury/disease \_\_\_\_\_ in the line of duty while participating in military training or traveling directly to/from military training on \_\_\_\_\_ (date).
2. I further certify that I am unemployed at present, without income from any source, including, but not limited to, unemployment compensation, social security, workman's compensation, or the Veteran's Administration.
3. If I become employed while receiving incapacitation pay, or receive compensation from any source (including sources in #2 above), I understand it will be my responsibility to notify my unit and/or commander to ensure military pay and allowances will be reduced by the income being received at that time.
4. I am requesting incapacitation pay for the period \_\_\_\_\_ thru \_\_\_\_\_  
(PERIOD MAY BE ONLY ONE CALENDAR MONTH OR LESS FOR EACH STATEMENT)

## SECTION 3: SELF-EMPLOYED SOLDIER

1. I hereby certify that I incurred/aggravated the following injury/disease \_\_\_\_\_ in the line of duty while participating in military training or traveling directly to/from military training on \_\_\_\_\_ (date).
2. I further certify that as a result of the above described injury/disease, I suffered a loss of \$ \_\_\_\_\_ civilian income during the period \_\_\_\_\_ thru \_\_\_\_\_.
3. I am self-employed and in order to substantiate my claims of lost civilian income for the period cited in paragraph 2 above, I have have enclosed a copy of my latest IRS Form 1040 with supporting documents, including Schedule C.
4. I am receiving income from: \_\_\_\_\_ sick leave, \_\_\_\_\_ vacation pay, \_\_\_\_\_ VA benefits, \_\_\_\_\_ SDI, \_\_\_\_\_ Income Protection Plan, \_\_\_\_\_ other. If "other", please list source(s) of income: \_\_\_\_\_.
5. I am requesting incapacitation pay for the period \_\_\_\_\_ thru \_\_\_\_\_  
(PERIOD MAY BE ONLY ONE CALENDAR MONTH OR LESS FOR EACH STATEMENT)

## SECTION 4: ALL

1. I further certify that the information which I have provided regarding this claim is correct. I understand that the penalty for knowingly and willfully making a false claim or a false statement in connection with a claim is a fine of up to \$10,000 or imprisonment for up to 5 years or both.
2. I hereby waive my VA compensation. DA Form 3053 and VA Form 21-8951 are enclosed.

DATE:

SOLDIER'S SIGNATURE:

SSN: